

State:	2. Does your Department have a statute to allow early release due to medical reasons?	3. Please attach or include the link to the statute, regulation, policy, etc. that allows such a release.	4. Who has authority to grant an early release for medical reasons?	5. What are the eligibility criteria for early medical release?	6. Are offenders who are serving life sentences eligible for early medical release?	7. Have you released non-terminally ill offenders early?	8. In the future do you plan to release non-terminally ill offenders early?	9. Where are offenders placed when released early for medical reasons?				10. Do offenders released early for medical reasons qualify for Medicaid if otherwise eligible?	11. After release are offenders allowed to transfer residence from one medical provider to another?	12. Are there any plans to expand eligibility criteria for medical reasons in the future?	13. What changes in the criteria are being considered to expand eligibility?	14. Are there any special arrangements being planned to house the elderly, chronically ill, or permanently incapacitated offenders?	15. Are there any efforts being made to ensure the elderly and chronically ill offenders would be eligible for Medicaid, if otherwise eligible?	16a. Is there any estimate of the savings generated by these early releases?	16b. If "Yes", please provide .	17. Comments: Please provide any general comments regarding challenges you are facing or efforts being planned that will result in the placement of elderly, chronically ill, or permanently incapacitated offenders.
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AZ	Yes	www.azleg.state.az.us/arizonarevisedstatutes A.R.S. 31-401 and 31-403	AZ Board of Executive Clemency	Imminent danger of death (less than six months) due to a medical condition as determined by the board	Yes		No				Other	May be all of the above	Yes	Yes	No					
AR	Yes	See List of Policies	Parole Board	Diagnosed with incurable illness with less than one year of life expectancy.	Yes	Yes	Yes				Other	Wherever is appropriate due to medical condition.	Yes	Yes	No		Yes	Yes	No	Answers for #7 and #8 are the result of an early release mechanism in place that applies to everyone and is not due to medical reasons.
CO	Yes	See List of Policies	Colorado State Board of Parole	No violent offense, no sex offense, no capital crime (Class 1 felony), report free and nothing pending	No	Yes	Yes	A specific nursing home with adequate safety measures					Yes	Yes	No					
CT	No	The authority to release an inmate for medical reasons actually resides with the Board of Pardons and Paroles. This authority is given by State Statutes 54-131a through 54-131g and 54-131k. 54-131k deals with what is called "compassionate leave".	Board of Pardons and Paroles	This is spelled out in 54-131b. Note: these statutes may be accessed on line via the State of Connecticut web site.	Yes								Yes	Yes	No					Re: #6 They are eligible except for those serving a sentence of "capital felony"; this is described in 53a-54b. Re: #7: I don't know
DE	Yes	See Policy	The Board of Parole must approve the recommendation of the Department of Correction for early release but it is the Court who must order the release.	Serious medical illness or infirmity of the offender is one of the criteria for the offender seeking early release. Other early release requirements are noted above in question 3.	Yes				Non DOC treatment facility	Hospital	Other	Private homes	Yes	Yes	Yes	A sister state agency has agreed to discuss the utilization of a State operated nursing home and other potential options to house a select population of elderly/infirm offenders in the community.	Yes	Yes	No	

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US Bureau of Prisons (BOP)	Yes	See List of Policies	Pursuant to 18 U.S.C. 3582, the sentencing court, upon motion of the Director of the Bureau of Prisons, may reduce the term of imprisonment. The statute, regulations, and policy do not limit the grant of early release for only medical reasons, but for extraordinary and compelling reasons. The Director of the Bureau of Prisons has the discretion to determine whether an inmate is appropriate for consideration for a reduction in sentence. If the Director determines that an inmate is appropriate, the Office of General Counsel prepares the Director's motion to the Sentencing Court and requests the assistance of the United States Attorney to file the Motion to the Sentencing Court, on the Director's behalf.	In order to be considered for an early release due to medical reasons, the inmate must either have a terminal illness with a life expectancy of one year or less, or must be suffering from a severely debilitating medical condition that is either physical or mental in nature and must be so debilitated that the inmate is unable to attend to his Activities of Daily Living without assistance. The medical condition must be one that could not have been reasonably foreseen at the time of sentencing. If an inmate meets either of these criteria, the BOP will then carefully assess the nature and circumstances of the inmate's offense, criminal history, likelihood or ability to reoffend, behavior while incarcerated, and whether there are concerns about the safety of the community, should the inmate be released.	Yes	Yes	Yes				Other	Inmate release plans are approved by the Probation Office as a condition of supervised release. The U.S. Probation Officer may approve any appropriate placement including family home, nursing home, rehabilitation center, etc.	Yes	Yes	No	There are currently no plans to expand eligibility for medical reasons	No	No	No	See #2 – Title 18 U.S.C. 3582, Imposition of a sentence of imprisonment, provides that the court, upon motion of the Director of the Bureau of Prisons, may reduce the term of imprisonment when extraordinary and compelling reasons exist. The statute does not define or enumerate the reasons that might be extraordinary and compelling, and does not specify that the early release is for medical reasons. See #6 – Offenders sentenced to life sentences are not prohibited from consideration by law or regulation. However, the BOP is cognizant of the intent of the sentencing court, that the inmate's death would be an entirely predictable outcome of a life sentence. Death resulting from illness, or severe debilitation as a result of illness or age would likely have been foreseen by the court at the time of sentencing.
FL	Yes	I don't know how to do that but it is Section 947.149	Florida Parole Commission	Permanently disabled/incapacitated to the degree unable to harm themselves or others	Yes						Other	Depends on the individual circumstances	Yes	Yes	No					
IN	Yes	See List of Policies	Parole Board	Terminally ill	No	No	No					Appropriate long term care or hospice facility	Yes	Yes	Yes	Severely cognitively impaired or incapacitated offenders	No	No	No	
IA	No												Yes	Yes	No					
KS	Yes	Kansas Statute 22-3728	Kansas Parole Board	Functional incapacitation which precludes the person from posing a threat to the public. Can be either medical or mental health condition.	No	No	No	A specific nursing home with adequate safety measures					Yes	Yes	No					

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KY	Yes	http://www.lrc.ky.gov/krs/43900/3405.pdf	Parole Board	Terminal illness with death expected in one year. Substantial immobility requiring total dependence on others for ADL's.	Yes	No	Yes				Other	Released to any home placement or NH in accordance with Parole Board recommendations.	Yes	Yes	Yes	Change in terminology of the statute from requiring "total dependence" on others for ADL's to "substantial dependence" on others.	Yes	Yes	Approximately \$750,000	
MD	Yes	a. State Law - COMAR: http://www.dsd.state.md.us/comar/comarhtml/12/12.02.09.04.htm and http://www.dsd.state.md.us/comar/comarhtml/12/12.02.09.05.htm b. Division of Correction Directive 130.0008 - See List of Policies	a. The Maryland Parole Commission under the statutory authority, and b. The Governor by Commutation	The inmate must be terminally ill where death is imminent, or be incapacitated to the extent he/she no longer poses a threat to public safety.	Yes	Yes	Yes	A specific nursing home with adequate safety measures			Other	Hospice	Yes		No					Scheduling the release requires cooperation and teamwork. Social Work staff develop the aftercare plan and the Parole Commission attempts to effect the release on a day that is convenient for the care provider. Item-specific comments: #7: (Yes), in a small number of cases where they had become incapacitated to the extent they could no longer pose a risk to public safety. #8: (Yes), but only in cases where exceptional circumstances exist. #9: (A specific nursing home with adequate safety measures), but generally they are incapacitated to the extent where no extraordinary security measures are necessary beyond what the typical nursing home features. They also receive routine visits from the Division of Parole and Probation agent assigned to the case. #11: Generally, they are close to death and, given they are on medical assistance, do not have the opportunity to pursue other medical care. We have had no cases where an inmate transferred facilities.
MA	No													No						

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MI	Yes	See List of Policies	Only the Governor has the authority to grant a commutation. The commutation statute requires that the Board conduct a public hearing and forward its recommendation as to merit or no merit to the Governor.	The Board does examine how the person's medical condition diminishes their ability to commit a like offense. The Chief Medical Officer's definition of medically fragile is someone who has severe enough disease, so as to be obvious to a non-medical person, who has disease which is progressive and is unlikely to reverse, and the disease is debilitating enough so as to make the risk of reoffending low.	No	No	No		Non DOC treatment facility	Hospital	Other	Placed in an appropriate community, nursing home or hospital setting paid for by non-MDOC resources.	Yes	Yes	No	We are in the middle of Administration change. It depends on new Governor Administration. Currently only Governor has power to commute a sentence.	No	Yes	Yes	A savings of 5% of total offsite cost was saved by letting 100 prisoners out in a twelve month period.	a) Michigan has a special project underway for deferred parole decisions for special populations. Parole decision is deferred until confirmation of community treatment and support is received by prison and community social workers. Then parole is granted contingent upon community participation and compliance with treatment. This contract is in its fourth year and covers four special populations which are medically fragile, mentally ill, developmentally disabled and youth. b) Seeking private foundation grant to enroll all eligible prisoners and parolees in Medicaid, Veterans, Food stamps, etc., benefits. Decision expected in early 2011.
MN	Yes	http://www.doc.state.mn.us/DOcpolicy2/html/DPW_toc.asp (select policy number 203.200) State Statutes: https://www.revisor.mn.gov/statutes/?id=241.07 https://www.revisor.mn.gov/statutes/?id=244.05 (see subd. 8)	Commissioner of Corrections	see policy referenced in #3 above	Yes	Yes		A specific nursing home with adequate safety measures	Non DOC treatment facility	Hospital	Other	Corporate foster care facilities, state security hospital	Yes	Yes	No						
MO	Yes	See List of Policies	Board of Probation and Parole, Governor	<ul style="list-style-type: none">Afflicted with a disease that is terminal (death anticipated within six months);Advanced in age to the extent that the offender is in need of long-term nursing care; orGreatly endangered by confinement or confinement will shorten the offender's life.	Yes	Yes	Yes				Other	Depending upon the offender's medical needs, placement options include hospital, nursing home or approved home plan.	Yes	Yes	No						

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MT	Yes	Montana Codes Annotated 46-23-210	The Board of Pardons and Parole	See statute	Yes	No	No				Other	Offenders are placed in the best environment for their particular medical condition--generally with family or in a nursing home.	Yes	Yes	No					We have found that it is important to carefully screen inmates prior to their hearing with the Board of Pardons and Parole. Both the Warden and the Medical Director must approve the application. Although we are not pursuing an expansion of the criteria for medical release, we continue to explore options for placement of inmates who are geriatric and in need of nursing home care.
NE	Yes	Nebraska Revised State Statutes 83-101.02	Nebraska Parole Board	A committed offender who is otherwise eligible for parole, who is not under sentence of death or of life imprisonment, and who because of an existing medical or physical condition is determined by the department to be terminally ill or permanently incapacitated may be considered for medical parole.	No	No	No		Non DOC treatment facility	Hospital	Other	Including, but not limited to, his or her family's home.	Yes	No	No					
NV	Yes	Nevada Revised Statute 209.3925 : http://leg.state.nv.us/NRS/NRS-209.html Administrative Regulation 523.04: http://www.doc.nv.gov/ar/pdf/AR523.pdf	The department's director	See the requirements listed in NRS 209.3925 and Administrative Regulation 523.04 as noted in the answer to Question No. 3.	No	No	No				Other	Inmates released on compassionate release are typically sent to house arrest with ankle bracelet and electronic monitoring for which the inmate must pay. The custody but not the jurisdiction is transferred to the Division of Parole and Probation. By law, compassionate release is considered an institutional placement except for medical and living expenses, see NRS 209.3925.5.			No					By statute, inmates with sentences of life with parole can be considered for compassionate release. However, inmates with sentences of death or life without parole cannot be considered for compassionate release. Also, I would like to point out that compassionate release is seldom used in Nevada. With a population of about 13,000, we have no one on compassionate release at this time. I would say that in the past 3 years, we have sent an average of one offender per year to compassionate release. Also, as an offender is responsible for his or her own medical and living expenses, we do not get involved in qualifying an inmate for Medicaid, so I cannot answer Questions Nos. 10 and 11.

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NH	Yes		The New Hampshire Adult Parole Board	The inmate must be eligible for parole (cannot be serving life without parole). The inmate must have a terminal, debilitating, incapacitating or incurable medical condition or syndrome as certified by a physician licensed pursuant to RSA 329:12. If requested by the Parole Board, at least one additional physician has to certify the medical condition or syndrome.	No	No	No	A specific nursing home with adequate safety measures	Non DOC treatment facility		Other	Each placement is handled on a case by case basis.	Yes	Yes	No					
NY	Yes	Executive Law & Departmental Directive #4304 See List of Policies.	NYS Division of Parole & the Parole Board	See Departmental Directive #4304	No	Yes	Yes				Other	Variously skilled nursing homes, assisted living residences, with family with community agency assistance.	Yes	Yes	No					
WV	Yes	Governor's power of pardon and clemency and W.Va. Code §25-1-13	Governor and Commissioner. DOC prefers to refer decision to Governor unless for temporary purposes in emergency.	Inmate must be in end stages of terminal illness and not present risk to public or must need emergency treatment not available in state.	Yes	No	No		Non DOC treatment facility	Hospital	Other	Home under supervision of parole officers and also hospice houses	Yes	Yes	No					
WI	Yes	See List of Policies	Earned Release Review Commission	See List of Policies	Yes	Yes	Yes	A specific nursing home with adequate safety measures	Non DOC treatment facility		Other	Family Home	Yes	Yes	No		No	Yes	Each case is different but one case estimate was over \$50,000	Placement of sex offenders in nursing home and any felony offense. Medicaid reimbursement levels low for nursing home.

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OH	Yes	See List of Policies	Governor of Ohio	Imminent Danger of Death - The inmate has a medically diagnosable condition that will cause death to occur within a short period of time, which means generally within six months. Medically Incapacitated - Any diagnosable medical condition, including mental dementia and severe, permanent medical or cognitive disability, that prevents the inmate from completing activities of daily living without significant assistance, that incapacitates the inmate to the extent that institutional confinement does not offer additional restrictions, that is likely to continue throughout the entire period of parole, and that is unlikely to improve noticeably. It does not include conditions related solely to mental illness unless the mental illness is accompanied by injury, disease, or organic defect.	No	No	Yes				Other	Case-by-case basis; Adult Parole Authority (APA) determines placement according to offender needs/status.	Yes	Yes	Yes	The above referenced Administrative Rule has been converted to policy that will become effective 11-24-10.	Yes	Yes	No	Criteria for #5 Illness - A condition that satisfies all of the following criteria: (1) the condition is irreversible and incurable and is caused by disease, illness, or injury from which the inmate is unlikely to recover; (2) in accordance with reasonable medical standards and a reasonable degree of medical certainty, the condition is likely to cause death to the inmate within twelve months; and, (3) institutional confinement of the inmate does not offer additional protections for public safety or against the inmate's risk to reoffend. #11 - They are released as if on parole and can choose medical providers, if their condition/placement allows for such a choice. #16 - Too early to estimate cost savings.
OK	Yes	Oklahoma State Title 57, Section 332.18.	Governor, following recommendation from parole board.	Oklahoma DOC OP 060205 contains the criteria. Briefly, serious illness or permanent disability, with low probability or capacity to re-offend.	Yes	Yes	Yes	A specific nursing home with adequate safety measures	Non DOC treatment facility	Hospital	Other	Family or other suitable home offer. Community based services such as hospice may be involved.	Yes	Yes	No	Criteria were recently expanded. Offenders who were serving sentences which would disqualify them for early release (medical parole) may be considered for commutation of their sentence, which may then qualify them for parole.	Yes	Yes	No	This calendar year, ODOC has completed more medical paroles than in any previous year (22 thus far). Approximately 20-25% of paroles begun at the facility level result in release. Those who are not released generally either do not have serious illness or disability, or have no good home offer. The parole process is...facility medical provider makes recommendation; then the request is reviewed by the facility head, chief medical officer, DOC Director, Parole board, Governor.
OR	Yes	See List of Policies	The Oregon State Board of Parole and Post Prison Supervision	See Policy	Yes	No	No	A specific nursing home with adequate safety measures	Non DOC treatment facility	Hospital	Other	Terminally ill inmate granted early release due to their medical condition can be released to the care of a family in a private residence if assured their medical needs are going to be met.	Yes	Yes	No		Yes	Yes	No	

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PA	Yes Policy is available for review at www.cor.state.pa.us	Pa. C.S. § 9777 - this statute was enacted in November of 2009 and replaces a repealed statute that had previously dealt with early release due to medical issues (formerly 61 P.S. § 81). In addition, the statute is for temporary deferral of sentence and transfer to medical facility, rather than an "early release." The statute is available at: http://www.legis.state.pa.us/WU01/LI/LI/CT/HTM/42/00.097.077.000..HTM PA Department of Corrections policy 13.2.1, Section 9, also addresses this issue.	Sentencing Court	For temporary deferral of sentence and transfer to hospital, long-term nursing facility or hospice care, under electronic monitoring by the Department, the following criterion must be met by clear and convincing proof: 1. Inmate medical needs would be more appropriately addressed at hospital or long term care nursing facility. 2. The hospital or long-term care nursing facility has agreed to placement of inmate and to provide necessary medical care. 3. The inmate is seriously ill and not expected by a treating physician to live more than one (1) year. 4. There are no writs or detainers lodged against the inmate or court orders requiring the inmate's presence. 5. Placement in the hospital or long-term care nursing facility will not pose an undue risk of escape, or danger to the community. 6. Hospital or long-term nursing facility agrees to provide court and DOC notice of any changes in health status of the inmate. 7. All agencies representing the Commonwealth during prosecution of inmate, the DOC or local prison, and crime victim have been given notice and opportunity to be heard on petition.	Yes	No	No	A specific nursing home with adequate safety measures	Non DOC treatment facility	Hospital	Other	Offenders may be placed in hospitals, long-term nursing facilities, or hospice care, or licensed hospice care providers, under electronic monitoring by the Department. Definitions of these terms is contained in the statute.	Yes	Yes	No						Additional comments to questions posed: #5 For temporary deferral of sentence and transfer to licensed hospice care provider, under electronic monitoring by the Department, the following criterion must be met by clear and convincing proof: 1. Inmate is terminally ill, not ambulatory and likely to die in near future. 2. Licensed hospice care provider can provide more appropriate care. 3. Licensed hospice care provider will provide medical, palliative and supportive services at the proposed hospice location. 4. Placement in the hospital or long-term care nursing facility will not pose an undue risk of escape, or danger to the community. 5. Licensed hospice care provider agrees to provide court and DOC notice of any changes in health status of the inmate. 6. All agencies representing the Commonwealth during prosecution of inmate, the DOC or local prison, and crime victim have been given notice and opportunity to be heard on petition. Question #9 - Most likely they can qualify. Question #10 - Yes, if they receive permission from the court. Question #11 - It is unknown if such proposed legislation exists.

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RI	Yes	http://www.rilin.state.ri.us/Statutes/TITLE13/13-8.1/INDEX.HTM	The RI Parole Board	The Parole Board is authorized to grant release of a prisoner, except a prisoner serving life without parole, at any time, who is determined to be terminally ill or permanently physically incapacitated.	Yes	Yes		A specific nursing home with adequate safety measures	Non DOC treatment facility	Hospital	Other	Inmates are also paroled to an appropriate home plan with family members, significant others, etc. Those plans are investigated for appropriateness prior to release.	Yes	Yes	Yes	The Department of Corrections intends to request that legislation be submitted in the 2011 session of the RI General Assembly that would expand eligibility for medical parole to include inmates who are seriously and chronically ill, although, not necessarily terminally ill or physically incapacitated.	Yes	Yes			Finding appropriate medical housing for sex offenders and inmates who committed violent crimes.
SC	Yes	http://www.scstatelibrary.state.sc.us/code/t24c003.htm SC STATUTE 24-3-210.	Director, South Carolina Department of Corrections	Must be diagnosed as terminally ill (one year or less to live). Must not be convicted of a statutorily violent offense.	Yes	No	No	A specific nursing home with adequate safety measures	Non DOC treatment facility	Hospital	Other	Could be released home. Discharge planning done by medical staff.	Yes	Yes	Yes	Legislative discussions to allow chronically ill inmates to be released early have taken place. Chronically ill would include inmates with debilitating injuries or illnesses that would preclude their ability to re-offend. Example: quadriplegic.	No	Yes	No		
SD	No												Yes	Yes	No						

State:	2. Does your Department have a statute to allow early release due to medical reasons?	3. Please attach or include the link to the statute, regulation, policy, etc. that allows such a release.	4. Who has authority to grant an early release for medical reasons?	5. What are the eligibility criteria for early medical release?	6. Are offenders who are serving life sentences eligible for early medical release?	7. Have you released non-terminally ill offenders early?	8. In the future do you plan to release non-terminally ill offenders early?	9. Where are offenders placed when released early for medical reasons?					10. Do offenders released early for medical reasons qualify for Medicaid if otherwise eligible?	11. After release are offenders allowed to transfer residence from one medical provider to another?	12. Are there any plans to expand eligibility criteria for medical reasons in the future?	13. What changes in the criteria are being considered to expand eligibility?	14. Are there any special arrangements being planned to house the elderly, chronically ill, or permanently incapacitated offenders?	15. Are there any efforts being made to ensure the elderly and chronically ill offenders would be eligible for Medicaid, if otherwise eligible?	16a. Is there any estimate of the savings generated by these early releases?	16b. If "Yes", please provide .	17. Comments: Please provide any general comments regarding challenges you are facing or efforts being planned that will result in the placement of elderly, chronically ill, or permanently incapacitated offenders.
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TX	Yes	Texas Government Code, Sec. 508.146. MEDICALLY RECOMMENDED INTENSIVE SUPERVISION: < http://www.statutes.legis.state.tx.us/Docs/GV/htm/GV.508.htm >	Decisions for MRIS cases are determined by a voting panel of the Texas Board of Pardons and Paroles (TDCJ- Correctional Institutions Division Offenders) or by the sentencing Judge (State Jail Confinees).	Offenders may be considered for MRIS for the following categories: • Mentally Ill • Mentally Retarded • Elderly - (age 65+) • Physically Handicapped • Terminally Ill - (Less than 6 month life expectancy) • Long Term Care - (a person who is deficient in the area of self-care and where there is a reasonable medical probability that the clinical condition(s) producing that inability will not change over time and requires nursing care). Eligibility screening is performed based on the following criteria - • Must not have a sentence of death; • Must not be assigned to a Substance Abuse Felony Punishment Facility (SAFPF) or an Inter Sanction Facility (ISF) • Offenders with a reportable conviction or adjudication under Chapter 62, Code of Criminal Procedure (sex offenses), or with a pending felony detainer for a sex offense, may only be considered if in a persistent vegetative state or being a person with an organic brain syndrome with significant to total mobility impairment; • Offenders with an instant offense described under Section 3g, Article 42.12, Code of Criminal Procedure, may only be considered if a medical condition of terminal illness or long-term care has been diagnosed.	Yes	Yes	Yes				Other	Offenders approved for MRIS are released to a medically suitable placement with appropriate after-care services. This may be to a nursing home facility, in the legal county of residence when possible, or to the home of a family member. Assisted in-home health care, hospice, oxygen, dialysis, oncology, etc., are coordinated by Texas Correctional Office On Medical or Mental Impairments (TCOOMMI) to ensure continuity of care upon release.	Yes	Yes	No						
VA	Yes	Code of Virginia 53.1-229	The Governor	The offender must be within 90 days of expiration as certified by two doctors.	Yes	Yes	Yes					They are released to the custody of a family member who must accept financial responsibility and make arrangements.	Yes	Yes	No		No	Yes		There is no cost savings. The nursing facilities are more expensive than prison care.	

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TN	Yes	Early release is provided for in Tennessee Code Annotated 41-21-227, subsection (i). A link to the statute on the Michie web site is below. http://www.michie.com/tennessee/lpext.dll/tncode/1440e/14a1e/14a5f/14af0?fn=document-frame.htm&f=templates&2.0# Tennessee Department of Correction policy: http://www.tn.gov/correction/pdf/51101-1.pdf	The Commissioner of the Department of Correction has the power to grant medical furloughs and is the final authority on such requests.	Inmates who are in imminent peril of death due to their medical condition or inmates who can no longer care for themselves in a prison environment due to severe physical or mental deterioration meet the criteria for a medical furlough/early medical release.	No	Yes	No				Other	Inmates released under the provision of a medical furlough are released to the custody of family members, a specific nursing home with adequate safety measures, or a non- TDOC treatment facility which is financially responsible for the inmate's medical care.		Yes	No	N/A				#10 is unknown	
WA	Yes	The program is called "Extraordinary Medical Placement" and the law pertaining to this program is RCW 9.94A.728(3). The link is: http://apps.leg.wa.gov/rcw/default.aspx?cite=9.94A.728	The Secretary, Department of Corrections	(i) The offender has a medical condition that is serious and is expected to require costly care or treatment; (ii) The offender poses a low risk to the community because he or she is currently physically incapacitated due to age or the medical condition or is expected to be so at the time of release; and (iii) It is expected that granting the extraordinary medical placement will result in a cost savings to the state.	No	Yes	Yes		Non DOC treatment facility	Hospital	Other	Licensed Adult Family Homes and private homes of approved sponsors	Yes	Yes	Yes	Current criteria requires an individual to be "physically incapacitated" - this puts a serious limitation on who can be considered for the EMP program. The Department is considering making a legislative proposal that would remove this criteria for non-violent offenders.	Yes	Yes	Yes	Conservative estimate : \$300K to \$400K/year	Currently, DOC has a minimum security unit that is dedicated to housing such cases. DOC is working with the private sector to develop a private facility that would house offenders upon release that meet this criteria. Issues facing this program: • Serious deficits in the State budget; • Public's desire to have offenders "serve their time in prison"; and • Private facilities concern for the safety of non-offender patients.

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WY	Yes	See List of Policies	Board of Parole	One of the following circumstances must exist: (i) The inmate has a serious medical need which requires treatment that cannot be provided at the facility; (ii) The inmate's age and physical or mental health diminishes the ability of the inmate to provide self-care; (iii) The inmate is permanently physically incapacitated as the result of an irreversible injury, disease or illness; or (iv) The inmate suffers from a terminal illness which is predicted to result in death within twelve months of the application for parole. AND The Board must determine: (i) That the inmate is not likely to abscond or violate the law if released; (ii) That living arrangements and medical care are in place in the community; and (iii) That the inmate does not have a medical condition that would endanger public health, safety or welfare if the inmate were released. THEN (i) An independent medical evaluation is conducted resulting in a recommendation for medical parole; and (ii) The prosecuting attorney and sentencing court are provided the opportunity to provide input regarding the medical parole hearing.	Yes	No	No				Other	The inmate must identify living arrangements within the community that meet his/her medical needs.	Yes	Yes	No						The Wyoming statute is relatively new (passed in 2008) and has not been used. Current hospice and medical facilities within prison have been sufficient to date.